

California Association for Alcohol/Drug Educators (CAADE)



5230 Clark Ave. #3, Lakewood, CA 90712
Phone: 707-722-2331 • Fax: 562-866-2540
Email: office@caade.org



CATC V Initial Application (Doctorate)

Full Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Date of Birth (Month/Day/Year): _____

Driver's License #: _____ Ethnicity: _____

Gender: _____ Last 4 Digits of your Social Security #: _____

CAADE Accredited College you attended: _____

Date of Alcohol & Drug Studies Certificate Completion: _____

CATC Exam Date and Location: _____

Have you ever applied to CAADE under another name?

Yes ___ No ___ (If yes, what name?) _____

I have read and agree to abide by the CAADE Code of Ethics/Code of Conduct/Scope of Practice. It is my understanding that I am to uphold all 11 principles in my work and in all contact with clients/patients, either employed or volunteering, and by signing this application; I agree to abide by these ethical standards. I understand that my Certification can be revoked if I violate any of these ethical standards.

I have completed the coursework requirements and submitted a copy of the certificate of completion of Alcohol and Drug Studies certifying that I have met CAADE requirements to sit for the CATC examination, and having passed the examination, I am therefore eligible for Initial Certification.

Signature of Applicant

Date Signed

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CATC V Initial Certification Checklist

Note: Once you have passed the Certified Addictions Treatment Counselor (CATC) Exam, you have three (3) years to apply for your CATC Certification.

- _____ Copy of Doctoral degree transcripts in Alcohol and Drug Studies or related field
- _____ Copy of *Equivalency Approval* (CAADE approval of all Addictions-Related Coursework)
- _____ Proof of successful completion of CATC CBT Exam
- _____ Completed *CATC V Initial Application Form*
- _____ Signed and Dated *CAADE Code of Ethics*
- _____ Signed and Dated *Scope of Practice*
- _____ Signed and Dated *Code of Conduct*
- _____ Proof of at least **2240 hours** of supervised clinical/field experience hours on a *CAADE Record of Hours* form. This may include volunteer or paid experience in the field within the last five (5) years.
- _____ A signed letter from your supervisor(s) verifying the dates, hours, facility name(s), and experiential functions noted on your *Record of Hours* form.
- _____ Three (3) letters of character reference from three different individuals (NOT a family member or current employer)
- _____ Initial CATC fee and CAADE Membership/Registration, valid for two years, is **\$331** (\$175 for 2 years of Certification plus \$156 for two years of Membership/Registration). If your Membership is current, you can opt to pay just the CATC Certification fee of \$175 and renew your membership before it expires. The non-member fee for 2 years of CATC Certification is \$400.

If you paid by credit card or PayPal online at www.caade.org, please include a copy of your receipt. If you choose to pay by check or money order (no cash), payable to "CAADE," please include this with your documents and mail to:

CAADE – 5230 Clark Ave. #3 – Lakewood, CA 90712

Reminder – To renew your CATC in two years, you must complete at least forty (40) CAADE approved Continuing Education Units (CEUs), Nine (9) of which must be in Law/Ethics.